

Law Enforcement Personnel Dependents (LEPD) Grant Program 2019-20 Renewal Application

SECTION I: Student Information (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Street Address		City	State	Zip Code
Date of Birth	E-mail Address		Telephone Number	

SECTION II: School Information (Please print or type)

Name of the institution you will attend during 2019-20 :	The number of units you have completed to date: _____ <input type="checkbox"/> Semester OR <input type="checkbox"/> Quarter Units
Please indicate your college educational level for the 2019-20 academic year: <input type="checkbox"/> (1) Freshman <input type="checkbox"/> (2) Sophomore <input type="checkbox"/> (3) Junior <input type="checkbox"/> (4) Senior/continuing undergraduate <input type="checkbox"/> (5) 5th year undergraduate <input type="checkbox"/> (6) Graduate or professional	Please indicate below the number of units you plan to enroll in for each term during the 2019-20 academic year: <div style="display: flex; justify-content: space-between;"> Fall term _____ </div> <div style="display: flex; justify-content: space-between;"> Winter term _____ </div> <div style="display: flex; justify-content: space-between;"> Spring term _____ </div>

Your living arrangements for the **2019-20** academic year:

☐ (1) with parents
 ☐ (2) on campus housing
 ☐ (3) off campus housing
 ☐ (4) with relatives

Are you attending a CSU or UC school and receiving benefits from the Alan Pattee Program for the **2019-20** academic year? ☐ Yes ☐ No

SECTION III: Student's Signature of Understanding and Authorization to Release Information

By my signature, I understand and agree that to be considered for continued participation in the LEPD Program:

The following information must be submitted with this application:

1. A copy of my **2019-20** Student Aid Report (SAR), which is generated after filing a Free Application for Federal Student Aid (FAFSA).
2. Proof of enrollment for the **2019-20** academic year.

I am not in default on any state or federally insured educational loan and I am free of any obligation to repay any state or federal educational grant.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received with interest and additional penalties under Federal or California State Law.

I am giving school official(s) and the California Student Aid Commission authorization to release and receive information concerning my educational loans and student records between institutions and appropriate public and private agencies as required to determine my continued eligibility for the LEPD Grant Program.

Signature of Applicant

Date



Return the application and required documentation to:

California Student Aid Commission

LEPD Program

P.O. Box 419027

Rancho Cordova, CA 95741-9027

Questions for the Commission?

Contact the Commission's Specialized Programs Operations Branch:



In writing:

California Student Aid Commission

LEPD Grant Program

PO Box 419027

Rancho Cordova, CA 95741-9027



By telephone: (888) 224-7268

By Fax: (916) 464-8004



By e-mail: specialized@csac.ca.gov

Web site: www.csac.ca.gov

**STATE OF CALIFORNIA INFORMATION PRACTICES ACT OF 1977
& USE OF YOUR SOCIAL SECURITY NUMBER**

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by California Student Aid Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Director of the California Student Aid Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Student Aid Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The California Student Aid Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.